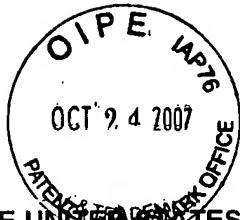


Customer No. 26308



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: John Sinko Attorney Docket No.: 1406.17406-PROV FOR CIP
Serial No.: 10/784,541 Examiner: Lois L. Zheng
Filed: 23 February 2004 Group Art Unit: 1742
For: Corrosion Inhibitor Composition Applicable for Aluminum Protection and Procedure

Mail Stop Amendment
Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is

a small entity

other than a small entity.

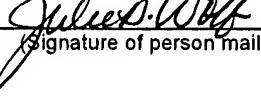
CERTIFICATE OF MAILING (37 CFR 1.8(a))

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United State Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed as follows: Mail Stop Amendment, Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450

Julie A. Wolf

Type or print name of person mailing paper

Date: 10/17/2007



(Signature of person mailing paper)

10/24/2007 CCHAU1 00000027 10784541

01 FC:2253

525.00 OP

FEE FOR CLAIMS

4. The fee for claims has been calculated as shown below:

	Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra	Rate	Additional Fee (Small Entity)	Additional Fee (Large Entity)
Total Claims 37 CFR 1.16(i)*	26	-36 =	(10)	x \$ 25.00	\$0	\$0
Independent Claims (37 CFR 1.16(h)**	9	-9 =	0	x \$ 105.00	\$0	\$0
First Presentation of Multiple Dependent claim(s) if any (37 CFR 1.16(j))	0			\$185.00	\$0	\$0
Total Additional Fee					\$0	\$0

* If the "Highest No. Previously Paid for" IN THIS SPACE is less than 20, enter "20".
 ** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest No. Previously Paid For" (Total or indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

WARNING: *"After final rejection or action (S 1.113) amendments maybe made cancelling claims or complying with any requirement of form which has been made." 37 CFR S 1.116(a) (emphasis added).*

(complete (c) or (d) as applicable)

(c) No additional fee for claims is required.

OR

(d) Total additional fee for claims required \$ _____.

FEE PAYMENT

5. Attached is a check in the sum of \$ 525.00.

Charge Account No. _____ the sum of \$ _____.

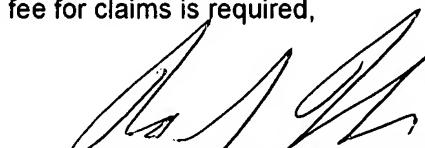
FEE DEFICIENCY

NOTE: If there is a fee deficiency and there is no authorization to charge an account, additional fees are necessary to cover the additional time consumed in making up the original deficiency. If the maximum, six-month period has expired before the deficiency is noted and corrected, the application is held abandoned. In those instances where authorization to charge is included, processing delays are encountered in returning the papers to the PTO Finance Branch in order to apply these charges prior to action on the cases. Authorization to charge the deposit account for any fee deficiency should be checked. See the Notice of April 7, 1986, (1065 O.G. 31-33).

6. [x] If any overpayment of fees or additional extension and/or fee is required,
charge Account No. 06-2360.

AND/OR

- [x] If any overpayment of fees or additional fee for claims is required,
charge Account No. 06-2360.



SIGNATURE OF ATTORNEY

Reg. No.: 55,185

Patrick J. Fleis

TYPE OR PRINT NAME OF ATTORNEY

Tel. No.: (262) 783 - 1300

RYAN KROMHOLZ & MANION, S.C.

P.O. ADDRESS

Post Office Box 26618

Milwaukee, Wisconsin 53226-0618

Customer No. 26308